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APPLICANTS

Naomi L. Nakao, New York, NY;

 ** CONTINUING DATA ***** *None JC*

 ** FOREIGN APPLICATIONS ***** *None JC*

 IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
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** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 14	TOTAL CLAIMS 51	INDEPENDENT CLAIMS 15
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>James Corrigan</i> Examiner's Signature Initials				

ADDRESS

R. Neil Sudol
 714 Colorado Avenue
 Bridgeport, CT06605-1601

TITLE

Medical instrument for fluid injection and related method

FILING FEE RECEIVED 1158	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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